

Disconnected Youth Self-Attestation Under the Work Opportunity Tax Credit (WOTC) Program

Please complete this form if you are age 16-24

Name of New Hire (last, first, middle initial) <i>Print</i>	Social Security Number	Date of Birth (mm/dd/yyyy)
Employer Name	Hire Date (mm/dd/yyyy)	

	YES	NO																					
1. Do you have a High School diploma or equivalent certification such as a GED? If YES , complete the information below: Name of School: _____ Address: _____ Phone: _____ Date of Graduation (mm/yyyy): _____	<input type="checkbox"/>	<input type="checkbox"/>																					
2. Have you held a job in the past 6 months? If YES , please list your wages earned prior to having any deductions for the past 6 months. <table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"># of Months</th> <th style="width: 45%;">List Month and Year (mm/yyyy)</th> <th style="width: 40%;">(\$) Gross Wages</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td></tr> <tr><td style="text-align: center;">4</td><td></td><td></td></tr> <tr><td style="text-align: center;">5</td><td></td><td></td></tr> <tr><td style="text-align: center;">6</td><td></td><td></td></tr> </tbody> </table>	# of Months	List Month and Year (mm/yyyy)	(\$) Gross Wages	1			2			3			4			5			6			<input type="checkbox"/>	<input type="checkbox"/>
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1																							
2																							
3																							
4																							
5																							
6																							
3. Have you been admitted to a technical or post-secondary school since receiving your diploma or equivalent certification in the past 6 months?	<input type="checkbox"/>	<input type="checkbox"/>																					
4. Are you currently attending school? If YES , complete the information below: Name of School: _____ Address: _____ Phone: _____ Number of hours per week in attendance: _____ Indicate by circling, if the above institution is a: a. Secondary school b. Technical school c. Post-secondary school d. General Education Development (GED) program	<input type="checkbox"/>	<input type="checkbox"/>																					

I certify that the above information is true and accurate. I understand that falsification of this information shall be grounds for my immediate termination at work and that my employer will lose the tax credit for hiring me, and that I will be subject to other penalties under the law.

New Hire Signature	Date

NEW HIRE WITNESS

I certify that there is no evidence known to contradict this self-attestation and in that sense I corroborate the new hire's statement.

Witness Name and Signature (Parent/Guardian if applicant is a minor)	Date

Witness relationship to the WOTC new hire: _____